UNITED STATES ENVIRONMENTAL PROTECTION AGENCY STANDARD ANNULAR PRESSURE TEST

Operator Omin	EX ENERGY	State Permit No. 28824
Address 4854		USEPA Permit No. RULE
Lugino	ton, MI 4947	Date of Test 7/11/2013
	AGA ZIA WIN #4	Well Type Z R
LOCATION INFORM		the NW Quarter of the SE Quarter
	Range ZW: Towns	ship /11; County Ingliam;
Company Representati	ve Jim BRADLEY: F	rield Inspector
Type of Pressure Gaug	4" inch face; 100	psi full scale; 10 psi increments;
	o 🗆 If no, date of calibration	Calibration certification submitted? Yes \(\text{No} \(\text{D} \)
TEST RESULTS		
Readings must be take	at least every 10 minutes for a	5-year or annual test on time? Yes \(\text{No} \(\text{O} \)
minimum of 30 minute	s for Class II, III and V wells and 60	2-year test for TA'd wells on time? Yes 🗆 No 🗆
minutes for Class I we		After rework? Yes No 🗆
For Class II wells, ann	lus pressue should be at least 300	
	annulus pressure should be the	Newly permitted well? Yes □ No □
greater of 300 pag or	00 psi above maximum permitted	
injection pressure.	gs must be submitted with this form.	
Original Quart 18001Qua	Es musi de anominad mini una fomi.	
Time 8:15 Am 8:30 Am 8:45 Am 9:00 Am	Pressure (in psig) Annulus Tubing 310 310 310 310	Casing size 5/2 Tubing size 7/2 Packer type BAKE 5/2 Loc 52 Packer set @ 16 3 5 Top of Permitted Injection Zone Is packer 100 ft or less above top of
		Injection Zone ? Yes 🖾 No 🗆
		If not, please submit a justification.
Y		Fluid return (gal.) Z
		Comments:
Test Pressures:	Max. Allowable Pressure Change: Initi	ial test pressure x 0.03
Test Passed M	Test Failed []	
		USEPA must be contacted within 24 hours. n authorization received before injection can
belief, true, acourate, a	of law that this document and all attachments are, to the best of my knowledge and hd complete. I am aware that there are significant penalties for submitting false the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))	
JAMES R	Benoley James	Buello 7/11/13
Printed Name of Comp	any Representative/Aignature of Cor	mpany Representative/ Date /